I have been aware for some time of discontent among the staff nurses at the RMF. They are not satisfied with the management of Ms. Fisher. This includes the Assistant Nurse Manager Victor Aguilar. When I reassigned three Cluster Nurse Managers within the District there was a general sense of dissatisfaction on all of the effected units. It was my feeling that was more or less normal, but all of the other units seem to have settled down for the most part. This is not so with the RMF. The comments I have heard anecdotally from the staff nurses include:

Discrimination of a racial nature
Rude behavior
Lack of caring/listening to concerns
Retaliation
Lack of communication with the staff
Takes actions on complaints without investigating and getting both sides of the story

On 1-10-06, at 5 PM, I met with the following nurses per their request:

Nancy Lowder, RN
Wendy Moreau, RN
Ann, Darby, RN

Marianne Anderson, RN was supposed to attend as was Mary Cotton, RN. Anderson had a previous medical appointment and was unable to make the meeting. I later learned that Mary Cotton was not sure where the meeting place was and did not attend.

All of the named nurses are ER nurses at the ERMF. With the exception of Cotton all are reasonably long standing employees of UTMB. Cotton has only been employed about three weeks.

The meeting with the nurses was to present me with their concerns. It lasted until approximately 7:45 PM. The following is a recap of the meeting:

Recently, Ms. Fisher worked the ER and while there made several changes. Among those changes related to me was the reduction or elimination of certain supplies such as catheters, drugs (specifically D-50), and IV supplies. The concerns, which I feel if accurate are valid, are two-fold. (1) When supplies are moved in an emergency department other workers should be notified of the change. In a crisis when those supplies are truly needed they can't be found or not found quickly. This in fact took place a few days later when the D-50 was needed for a diabetic patient and the crash cart had to be broken open to obtain the drug. (2) The IV supplies that were moved were connectors for an IV system we use that eliminates needles. When question Ms. Fisher allegedly didn't even know what they were when she removed them. They had to be relocated and returned. This is a fairly common system and it was felt that this ignorance on her part was inappropriate and further if she didn't know what something was why not get some direction before removing it?

EXHIBIT
D-6
CA 4:08-cv- 01273

When asked about the allegations of retaliation, one example given to me was when Ms. Moreau had recently filed Safe Harbor. The next day her Christmas vacation was cancelled by Ms. Fisher. At this point I am unaware if there were any other extenuating circumstances that may have affected Fisher's decision. It was pretty plain the ER nurses were not aware of anything.

Another example of retaliation that was related to me concerned another LVN named Betts. According to what I was told Ms. Betts was a night nurse and was moved to days. We then had two sequential opening at High Security due to both nurses going out on medical leave. Ms. Betts was asked to go to HS and work on a regular basis. Ms. Betts is a single mother of 2-3 children who currently resides with her mother. She is pursuing RN school in her off duty hours, specifically on Tuesday and Thursday in the evening. She was reportedly offered a shift that would require her to work HS late on Tuesday and Thursdays. When she voiced concerns I was advised that Ms. Fisher essentially threatened her to take the position or she would reassign her to another shift that would be completely unacceptable to Betts who would then be forced to resign. Betts reportedly accepted this lesser of the two evils and reluctantly agreed to remain at HS. I have no idea if this has any validity and if it does what Ms. Fisher's rationale was, but it sounds suspicious on the surface.

Another nurse, a recent graduate of an LVN program named Childers had sustained an MRSA infection of the scalp. She allegedly endured this infection for several days and continued to come to work, but when she became too ill with a fever, chills and headache she called in. I was informed that Ms. Fisher essentially dogged her about the call-in. Childers is known to me and I feel she is an excellent nurse and a hard worker, excellent patient advocate who maintains a good attitude. I was also told that she tries to help out when needed for OT to cover openings in the schedule. If true that seems to be poor handling for a good employee. I have personally spoken with Childers and she related to me an incident when she spoke with Fisher about concerns of working day shift on north pod as the only license there. According to Childers Fisher's reply was, "Can't you handle 2-3 assessments per hour?"

Another issue that was brought to my attention was that approximately 13 people have left the employee at the RMF since Ms. Fisher's arrival. I was familiar with some of the departures and don't necessarily feel those employees were great losses. However others concern me. I had heard stories about why some of these people departed. I was not aware of any except ANM Leigh Gossett and Mr. Martin, LVN had anything to do with Ms. Fisher per se. I was not aware that as many as 13 had left.

I subsequently went to HR and requested the number of employees who have separated since 8-1-05 and 12-31-05. I have the list now and tentatively it appears there are at least ten people. The list will have to be more close studied to be certain. In addition to that I was informed that several other staff, principally licensed nurses are presently looking for other employment as a result of the issues they feel they have with Ms. Fisher. One nurse is presently out on leave (Durdin from HS) I further understand that she has contacted

HR and desires to file a complaint against Ms. Fisher for rude and/or obnoxious treatment.

Another nurse, Debra Allen, LVN seems to have been a very good nurse who worked at High Security. I was told in this meeting she left due to Ms. Fisher coming to the RMF. I seem to recall that she left prior to the actual arrival. She has since returned to UTMB but is now working for her previous supervisor Mary Adams at another facility.

There were allegations that Ms. Fisher improperly dealt with recent Safe Harbor Claims. After hearing the specifics of the concerns I don't feel those claims have any substance and said so to the group along with my explanation as to why. I also learned they had misconception with regard to the entire Safe Harbor Process. I provided some insight and hopefully cleared up those misconceptions. I don't feel these complaints/concerns are valid.

Ms. Darby related several incidents involving Ms. Fisher that she felt were clinically improper. One involved a patient who had recent brain surgery at HG and part of his skull was missing. She stated that Dr. Vincent did not wish to accept him until HG provided some sort of protective helmet, but and Ms. Fisher overrode that and accepted the patient anyway. Another involved placing an MRSA patient in the room with non MRSA patients. This patient, according to Darby should have been in contact isolation. I will try to follow up on both claims. However Darby is presently out on medical leave and was not able to provide specifics at the meeting.

Other complaints made by Darby included being accused of actions or behaviors by Fisher that were either totally false or not investigated. According to Darby when she presented proof to Fisher to defend herself Fisher just glossed over it and never apologized or acknowledged she may have been wrong. When Darby called in to let Fisher know she would be out for a while on Medical Leave Fisher demanded to know what the problem was. Darby was embarrassed and didn't wish to go into it. She felt that Fishers inquiry, especially the tone which was demanding and not particularly empathetic was with rude and invasive. She later tried to contact Fisher and update her on the situation and was unable to contact her at home so she left a phone message. The next call went to Fisher's cell phone which she answered. When explaining the situation she mentioned that she had left a phone message at the house and she said Fisher rudely berated her for that and told her never to leave such a message. Darby failed to comprehend the problem as she WAS in contact with her and was mentioning the phone message by way of a courtesy so Fisher would understand what she would later find upon returning home.

Allegations were also made that during the hurricane that Fisher was not on the unit (Which is true. Most all of the other managers were on the units) and when she did come to the unit to bring food she brought it to a few select friends and when she called the unit to check on folks she again checked upon a few select staff member (friends). It was insinuated these few select friends were black.

Lowder explained a situation that involved a black medication aide who has a reputation for being loud, rude and abusive (especially toward inmates). The PCA was in the Geriatric Center and became involved in an altercation with an inmate. The PCA left the confines of the med room to physically confront the offender. The confrontation became so intense that a security officer present had to intervene and called Lowder (as the acting house supervisor) to come assist. When Lowder spoke with the PCA (she gestures with her hands a lot) the PCA got angry and literally got in Lowder's face in a threatening manner and accused her of being aggressive. According to Lowder, she realized she may have inadvertently escalated the situation and backed down a bit and explained that she was merely gesturing and meant no disrespect to the PCA and eventually was able to resolve the problem. However a day or so later Lowder received an email from Fisher who bluntly asked her if she was in the PCAs face threatening her?

In regard to the above incident the PCA does in fact have a reputation of being aggressive (I am told by other sources independent of Lowder) On the other hand Ms. Lowder is pretty verbally aggressive herself, but does in fact speak with a lot of hand gestures. All things being even I take this entire story with a grain of salt, but should it in fact be factual that Ms. Fisher sent such an email I find that disturbing. Why was a statement not obtained from security? Why was Ms. Lowder not asked for her version of the incident? If this incident does turn out to be factual I have serious concerns about the way it was handled.

I was informed that Ms. McClung the current CID nurse for the RMF was invited to this meeting but was afraid to participate due to the fact that she essentially feared retaliation if connected with the complaints. However Lowder related to me a situation she (McClung) allegedly observed with regard to Ms. Fisher. McClung was working in the ER. Fisher had come to the ER for some reason and became involved in a phone conversation with Dr. Vincent. The phone conversation was such that it allegedly made McClung uncomfortable with regard to the intimacy of the conversation. Two terms that were used in our meeting was "Phone sex" and "foreplay". I think it is important to point out at this juncture that none of the parties present for the meeting was also present for the described incident. Stories have a way of growing more and more interesting with passing of both time and passing from person to person. No mention was made of sexual innuendo, sexual language etc. I will speak with Ms. McClung and attempt to gain more information on this incident directly from her.

There was discussion regarding some staffing situations. One was the staffing North Pod, the middle acuity in-patient pod for the RMF. It was stated that one licensed nurse is not adequate to staff this assignment. I do not necessarily concur with that opinion. I feel that some times it is sufficient and some times it is not sufficient. As basic as it may sound, patients are people too. As such they have good days and bad days. Blood sugars drop unexpectedly. Blood pressures rise and drop unexpectedly. Confused patients are more confused on some days than they are on others. Certainly things can fall wherein one nurse is not sufficient. On the other hand there are typically other resources available within the operational confines of the Estelle Facility. EMS is across the street and more often than not they are available to rapidly respond to emergencies. Part of the shift there

is a nurse (or nurses) available in the building, High Security, in dialysis and on the other pods. These resources should not be activated lightly or routinely but they are usually available nevertheless. I have heard that some of the nurses don't delegate responsibly to unlicensed personnel. That might be another concern.

There was a concern expressed that Extended Care was staffed with only unlicensed personnel (PCA/CMA) one night. That is the exception rather then the rule. Extended Care is the least acute of the in-patient pods. These patients are pretty self sufficient and typically need PO medications provided which can by performed in a pinch by a PCA. This licensed position can be drawn upon most times in a crisis to assist elsewhere for short periods of time. There is also a guard present 24/7 who can call for assistance if needed in an emergency.

The staffing at present has no depth and no relief factor. That much I agree with. When we have a call-in that has a negative effects on the facilities ability to function at it's best. I think everyone on the staff and certainly in management understands this and is doing what they can to deal with it.

I was informed that Ms. Pearson (local ANP-Midlevel provider) was confronted by Ms. Fisher. I am aware of that situation and I fully support Ms. Fisher in that issue. Ms. Pearson has a long standing practice, prior to Ms. Fisher's arrival, of interfering in nursing practice issues that do not directly concern her. She completely bypasses the nursing administration with regard to problems she perceives in the nursing department. She has a tendency to pick a particular nurse and, for lack of a better word, harass her, for a week or two at a time. I have already spoken to Dr. Vincent, her supervisor regarding this problem. I do not find Ms. Fisher to be at fault at in this regard.

I was also informed that Mary Cotton, RN was now assigned to the ER by herself. Ms. Cotton has at least ten years experience as an ER nurse, but has only been with UTMB-CMC for about 3 weeks. I was also aware that she had spent most of her time orienting on the in-patient pods. I found this rather disturbing. It came to light accidentally when I learned that Ms. Moreau was to report to the South Pod for duty this evening. I asked who was in the ER and was informed it was Ms. Cotton.

Following the meeting I went to the ER and spoke with Ms. Cotton. I asked her how long she had been oriented and she replied about three weeks. I asked where that orientation had largely taken place and she informed that it was up on the in-patient pods. I asked her, in that light, if she was comfortable being in the ER with such lack of orientation. She replied that she was very comfortable with the patient care issues due to her extensive nursing experience. She related a recent procedural experience in the ER wherein she felt completely inadequate. She stated that she would prefer to have a few more days of orientation with Ms. Moreau before being let go on her own. I suggested she contact Ms. Fisher and let her know she felt she needed more orientation. She hesitated a moment and then explained she had some reservations about doing so as Ms. Fisher didn't tend to receive such requests well. It was as if she felt it was a direct

challenge to her authority and she was slightly concerned that Fisher might take some unpleasant action toward her. Of all of the comments I had listened to this evening I found this the most disturbing. I do not know Ms. Cotton. I heard that she came highly recommended by Dr. Vincent who had worked with her previously in an ER elsewhere. She appears very easy going and laid back. If she has only been here for approximately three weeks and has already sensed that the Nurse Manager is hostile, to the point she is even reluctant to ask for more orientation, I find that most disturbing.

On another topic that doesn't directly concern this meeting but is related, I have spoken with ANM Victor Aguilar on several occasions. On virtually every occasion I went to him, he never once came to me and complained (except for the eval, see below)

When he came to the RMF he was working with Ms. Adams. He seemed very happy and I only heard good things going on between him and Ms. Adams (from both of them) When Ms. Fisher came I noticed that in short order he had lost the spring in his step and his usual smile. When I spoke to him about it he plainly told me he didn't like working for Ms. Fisher and didn't feel he could learn from her as he was learning previously from Ms. Adams. He went on to say that he felt Ms. Fisher was critical of him but would not tell him specifically why and was not helpful directing him as to what she expected him to do (her expectations of him). I suggested on several occasions that he speak with her but he, like previous staff, expressed that he was concerned about repercussions.

He went on to say that staff morale in general at the RMF was adversely affected since her arrival She made process changes for no apparent reason and failed to explain the need for the changes to her three ANMs and/or the staff. When I spoke with him on one occasion it had been about three months since Ms. Fisher's arrival. Ms. Fisher still had not held a staff meeting. I was appalled at this but reluctant to go directly to her for concern she might take some actions against Aguilar. I mentioned in passing to Fisher about her changes and finally got out that she had not held a staff meeting since her arrival and essentially I told her to do so ASAP and discuss her expectations with the staff.

Up till that time I had hoped that Aguilar would be able to work out his differences with Fisher, but it does not look promising. I have since decided to bring them both to the table for the meeting myself. Due to staffing concerns and both of them working as staff nurses timing is critical and so far I have been unable to facilitate this. Upon learning of my plan Aguilar again expressed that he was fearful of such a meeting as it might appear that he had complained on her and if I took action he would suffer for this. I don't propose to present it this way, nevertheless it may be valid concern.

He later emailed me to tell me he was grossly unsatisfied with his semi-annual performance evaluation. I have since reviewed his eval and I found no problems with it. It seems rather good to me. I shared my opinion with him and do not feel Ms. Fisher is at fault in this regard. I do have concerns that I have heard over and over again that Ms.

Fisher retaliates against people who do not share her view of things. This seems to be an underlying pattern here.

When Leigh Gossett, RN, ANM resigned in December she asked me if she could come to me and have a talk about things at the RMF before she left. I told her to come by any time, but she never did. I do know she was extremely upset when she learned that Ms. Fisher was coming to the RMF. She requested to transfer and I declined to allow it so soon. I explained that it had been a while since Ms. Fisher was last assigned here as an ANM and she had no doubt grown as a person and rather than assume she would be difficult to work with she (Gossett) should keep an open mind. At the time I wrote that off as a clash of personalities, but in hind sight it might be worth contacting Gossett for an interview.

Another nurse that transferred to Dialysis shortly after Ms. Fisher's arrival was Rita Salisbury, LVN. I had heard through the grapevine that she didn't like Ms. Fisher, but I never heard that from her directly. To the best of my recollection Ms. Salisbury is a decent nurse and her loss was felt. Her premise for the transfer was to get a change of pace and do something different. During my visit with the nurses her name was mentioned as someone who was familiar with the situation at the RMF and was not happy with Fisher and transferred to dialysis to get away from her. She supposedly told the three nurses to freely use her name in the conversation with me. I checked her schedule and she will not be on duty when the DON is here on the 17th and 18th. She may also be able to provide some insight to the situation at hand.

Mr. Martin, night shift LVN also resigned shortly after Ms. Fisher's arrival. It was no secret they didn't like each other. Mr. Martin can be explosive and abrasive. He has come and gone with employment at UTMB numerous times. When he last departed I checked on his behavioral records and decided he might be a disruptive influence at the facility and I have since declined to hire him back. However under the circumstances his insight could prove of value, even though it could be slightly tainted.

This concludes the information I presently have at my disposal. Other things may be recalled later as there is a significant amount of information involved. I will write addendums as are appropriate.

Sincerely

David Watson, RN